



**OFFICE OF THE CHIEF DISTRICT MEDICAL &
PUBLIC HEALTH OFFICER, KALAHANDI**
(DISTRICT PROGRAMME MANAGEMENT UNIT)
EMAIL: dpmukalahandi@gmail.com



No. 3368

Date: 06/09/2021

Empanelment of Physiotherapist

Expression of Interest for Physiotherapy Services at PHC-HWC Level

Expressions of Interests are invited from Individual for rendering Physiotherapy services at PHC- HWC Level. Physiotherapy services Include Fixed day services at PHC-HWC level & Home visits to Home bound/Bed ridden cases as per guidelines. The individuals will be paid session wise allowances for giving defined services. In addition to the service allowance s/he will get fixed travel allowance for field/ home visit days only. S/he will provide services for 2 days in a week (1 fixed day at PHC-HWC & 1 day for field/home visit) per PHC-HWC.S/he can be engaged to work maximum at 3 PHC-HWCs.

The Minimum Qualification, age & experience for empanelment of Physiotherapists is as follows:

- **Education:** Bachelor degree in Physiotherapy i.e BPT (4 years 6 months duration including Internship) from a recognized university with 55 percentage of marks in BPT
- **Age:** Not More than 50 years at the time of joining
- **Experience:** Minimum 6 month of experience is preferable but not necessary

Candidate having the above required qualification may attend a **walk in Interview** in the office of the undersigned with prescribed application form and required documents **on 21-09-2021 (Reg. time 10.00AM to 12.00PM)**. The undersigned reserves the right to cancel / reject any or all the applications without assigning any reason thereof.

Memo No. 3369.....//

11/09/21
CDM&PHO, Kalahandi

Date: 06/09/2021

Copy to the Notice Board of CDM&PHO, Kalahandi/ DPMU Kalahandi/ BPHOs of all block CHCCs/ DIO NIC kalahandi for information & necessary action.

DIO NIC, kalahandi is requested to upload this notice and application form in the district website.

11/09/21
CDM&PHO, Kalahandi

Application Form

(For the Post of Physiotherapist empanelment)

1. Name of the Individual:
2. Sex:
3. Age (as on April 2021):
4. Address:

5. Contact no:
6. E-mail Id:
7. Educational Qualification(as per EoI):

8. Work experience (If any):

9. Any recognition / award received:

10. Any other information:

Declaration

I,..... (name of the candidate) certify that my answers are true and complete to the best of my knowledge & belief. If this application leads to empanelment & subsequent opportunity to render physiotherapy services as per guidelines, I understand that false or misleading information in my application or response may result in my disqualification.

Date:

Name of the candidate

Place:

signature of the candidate

